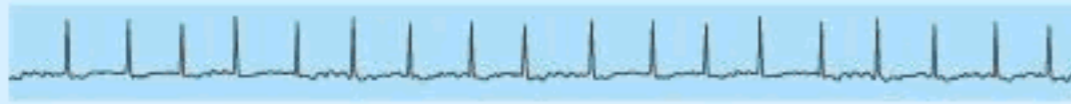
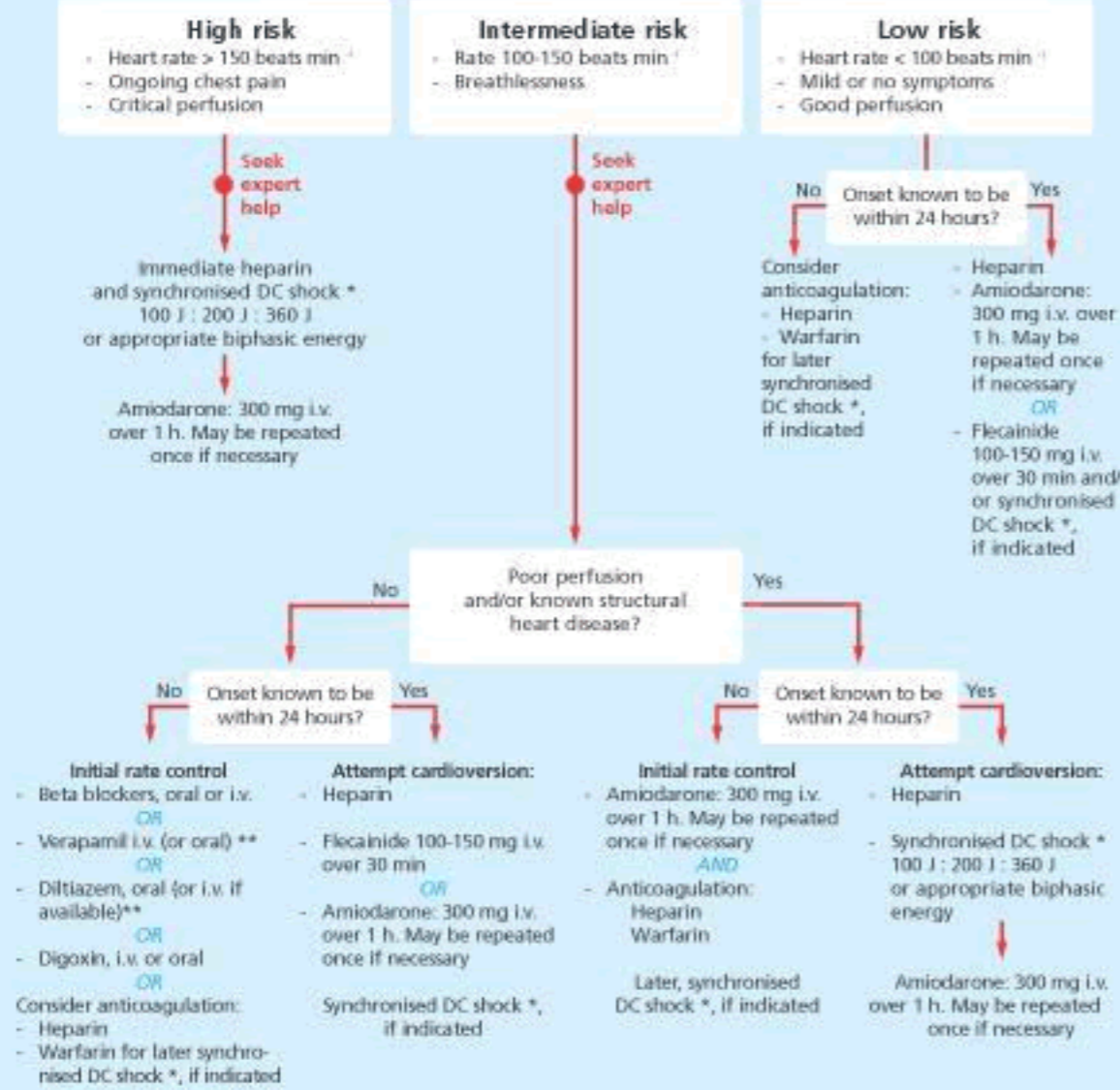


PERI-ARREST ARRHYTHMIAS

ATRIAL FIBRILLATION



If appropriate, give oxygen and establish i.v. access



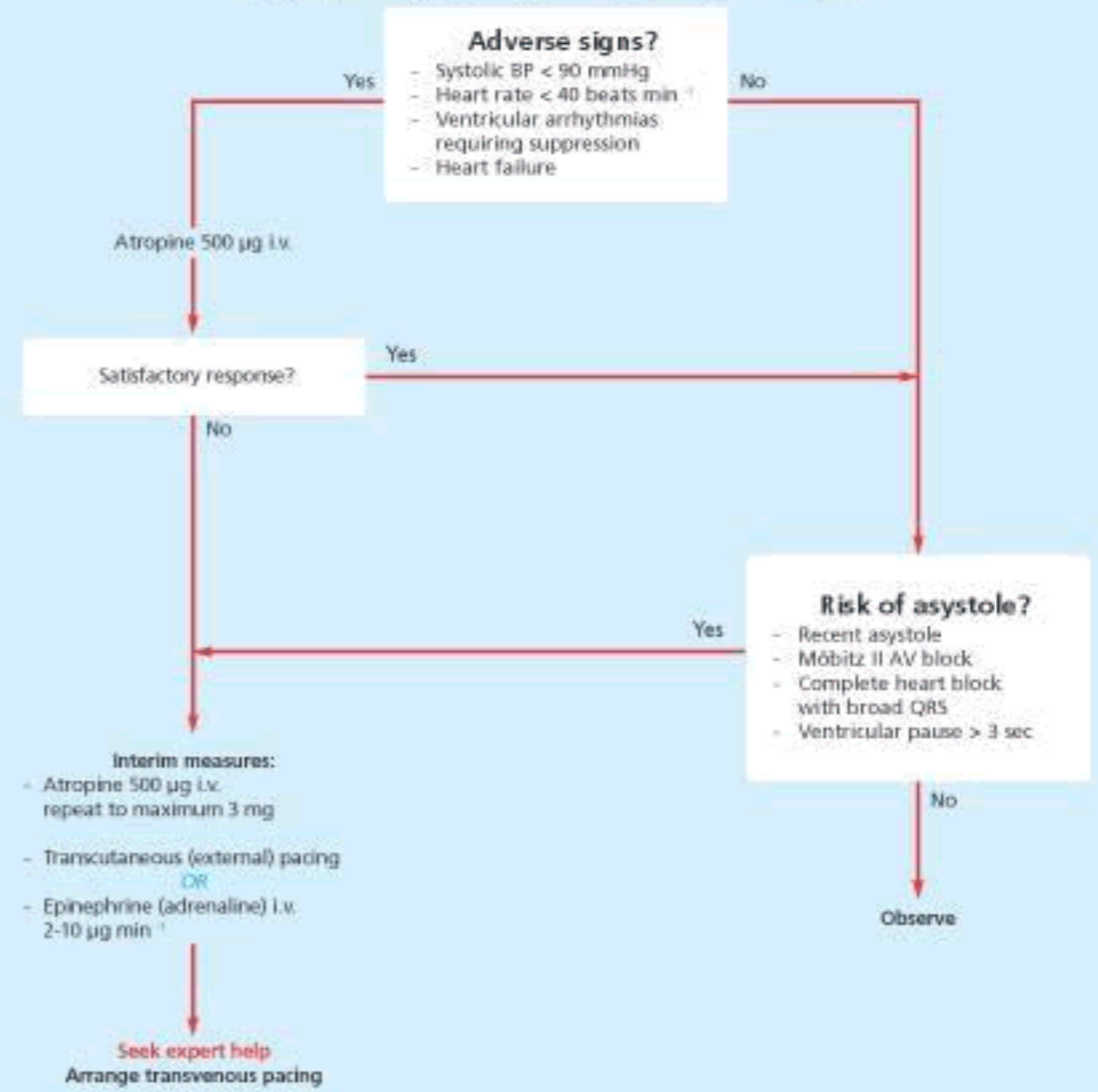
Doses throughout are based on an adult of average body weight
 * Note 1: DC shock is always given under sedation/ general anaesthesia.
 ** Note 2: Not to be used in patients receiving beta-blockers.

BRADYCARDIA

Includes rates inappropriately slow for haemodynamic state

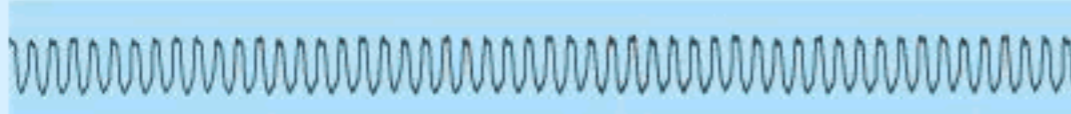


If appropriate, give oxygen and establish i.v. access

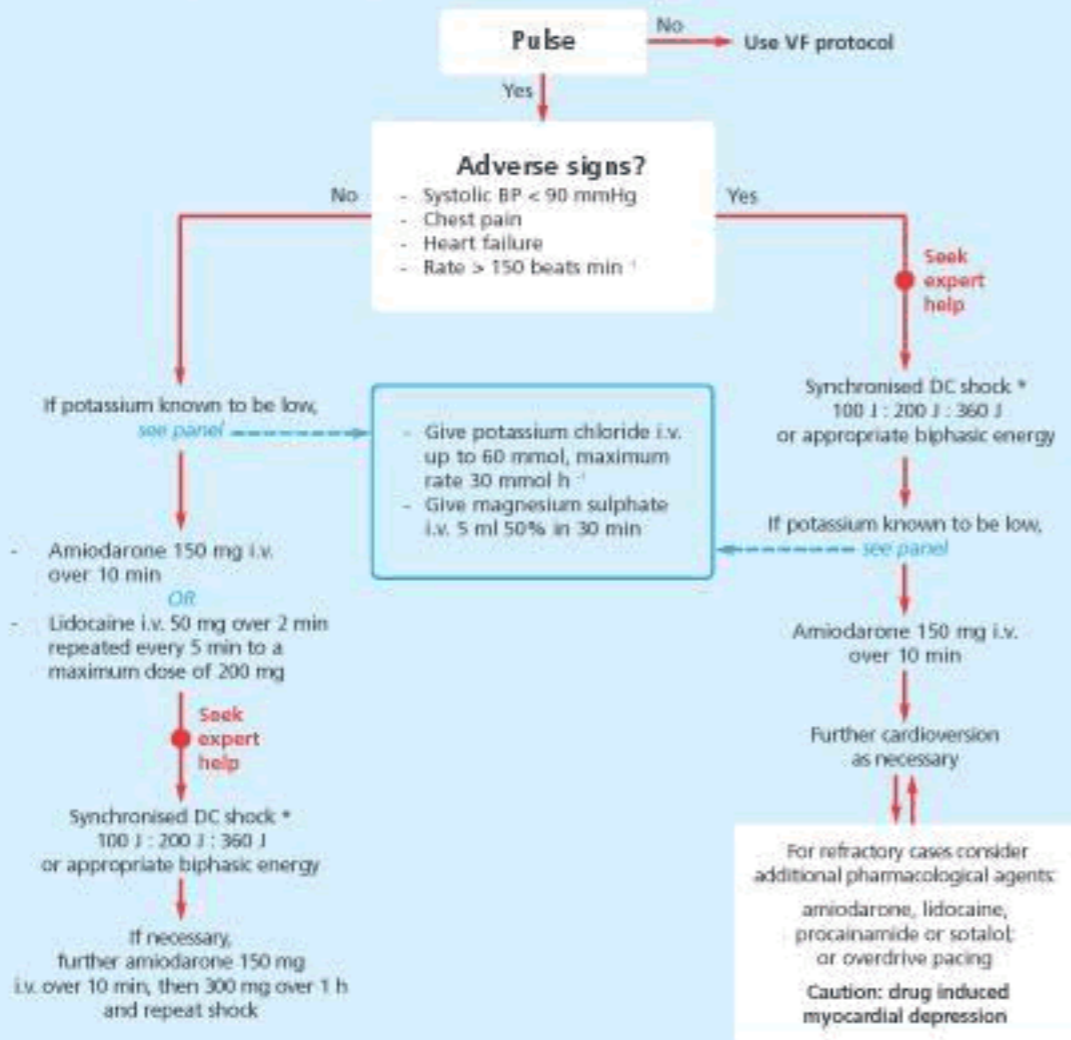


BROAD COMPLEX TACHYCARDIA

Treat as sustained ventricular tachycardia**



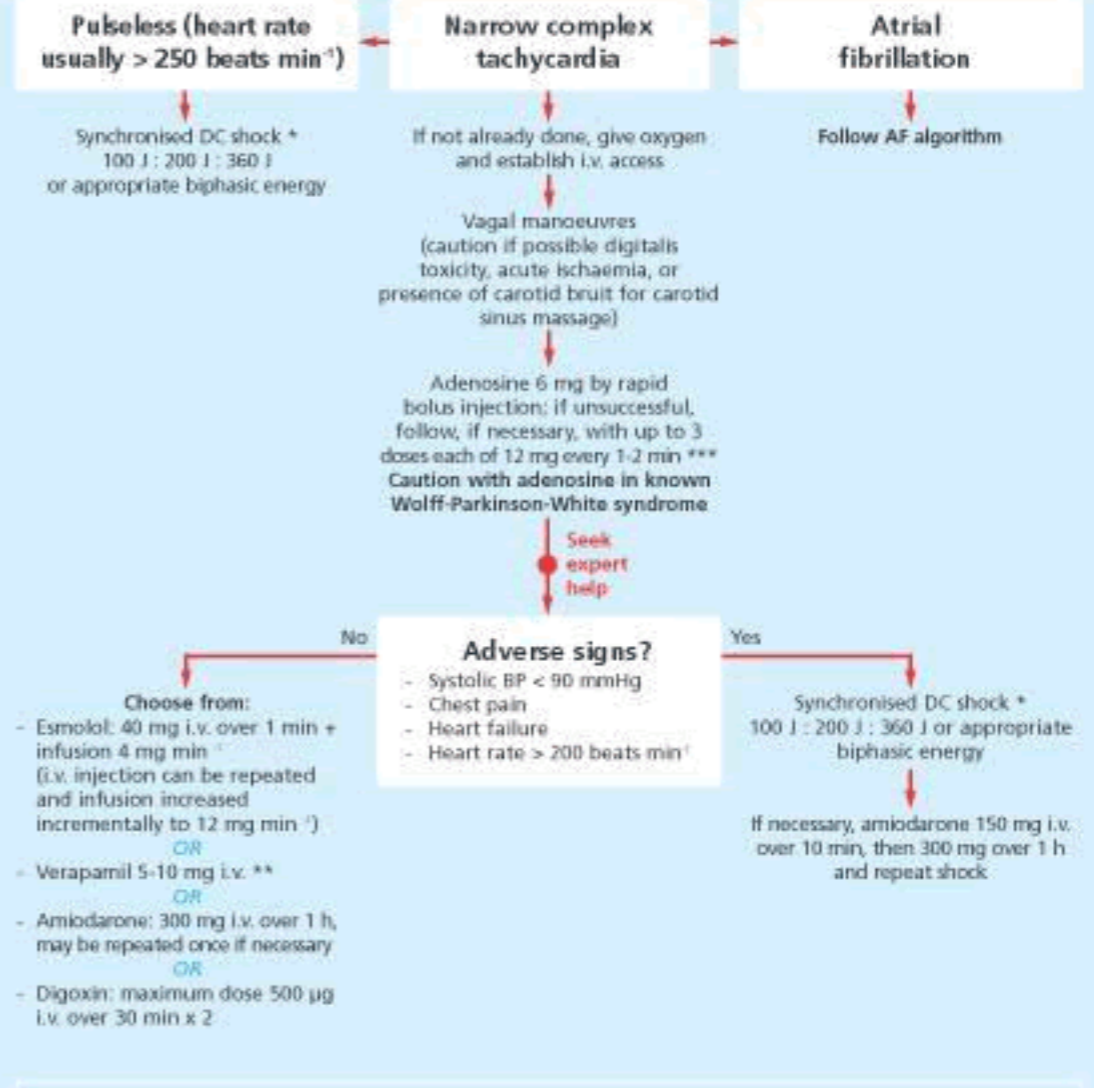
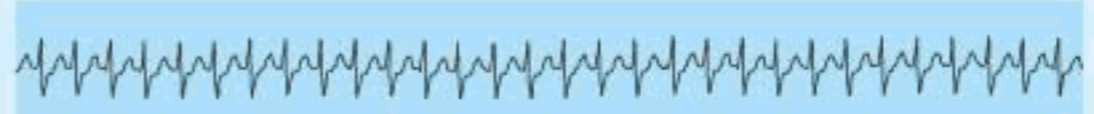
If not already done, give oxygen and establish i.v. access



Doses throughout are based on an adult of average body weight
 * Note 1: DC shock is always given under sedation/ general anaesthesia.
 ** Note 2: For paroxysms of torsades de pointes, use magnesium as above or overdrive pacing (expert help strongly recommended).

NARROW COMPLEX TACHYCARDIA

Presumed supraventricular tachycardia



Doses throughout are based on an adult of average body weight. A starting dose of 6 mg adenosine is currently outside the UK licence for this agent.
 * Note 1: DC shock is always given under sedation/ general anaesthesia.
 ** Note 2: Not to be used in patients receiving beta-blockers.
 *** Note 3: Theophylline and related compounds block the effect of adenosine. Patients on dipyridamole, carbamazepine, or with denervated hearts have a markedly exaggerated effect which may be hazardous.